

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.
10/588400

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | | | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|--|--------------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. | | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| | 1 | / | / | / | | | | 51 | | | | | |
| 2 | | / | | / | | | | 52 | | | | | |
| 3 | | 2 | | / | | | | 53 | | | | | |
| 4 | | (1) | | / | | | | 54 | | | | | |
| 5 | | (1) | | / | | | | 55 | | | | | |
| 6 | | (1) | | / | | | | 56 | | | | | |
| 7 | | (1) | | / | | | | 57 | | | | | |
| 8 | | (1) | | / | | | | 58 | | | | | |
| 9 | | (1) | | / | | | | 59 | | | | | |
| 10 | | (1) | | / | | | | 60 | | | | | |
| 11 | | (1) | | / | | | | 61 | | | | | |
| 12 | | (1) | | / | | | | 62 | | | | | |
| 13 | | (1) | | / | | | | 63 | | | | | |
| 14 | | (1) | | / | | | | 64 | | | | | |
| 15 | | (1) | | / | | | | 65 | | | | | |
| 16 | | (1) | | / | | | | 66 | | | | | |
| 17 | | (1) | | / | | | | 67 | | | | | |
| 18 | | (1) | | / | | | | 68 | | | | | |
| 19 | | (1) | | / | | | | 69 | | | | | |
| 20 | | (1) | | / | | | | 70 | | | | | |
| 21 | | (1) | | / | | | | 71 | | | | | |
| 22 | | (1) | | / | | | | 72 | | | | | |
| 23 | | (1) | | / | | | | 73 | | | | | |
| 24 | | (1) | | / | | | | 74 | | | | | |
| 25 | | (1) | | / | | | | 75 | | | | | |
| 26 | | (1) | | / | | | | 76 | | | | | |
| 27 | | | | | | | | 77 | | | | | |
| 28 | | | | | | | | 78 | | | | | |
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| 36 | | | | | | | | 86 | | | | | |
| 37 | | | | | | | | 87 | | | | | |
| 38 | | | | | | | | 88 | | | | | |
| 39 | | | | | | | | 89 | | | | | |
| 40 | | | | | | | | 90 | | | | | |
| 41 | | | | | | | | 91 | | | | | |
| 42 | | | | | | | | 92 | | | | | |
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| 48 | | | | | | | | 98 | | | | | |
| 49 | | | | | | | | 99 | | | | | |
| 50 | | | | | | | | 100 | | | | | |
| TOTAL IND. | | ↓ | 1 | ↓ | ↓ | ↓ | | TOTAL IND. | | ↓ | ↓ | ↓ | |
| TOTAL DEP. | | ← | 25 | ← | ← | ← | | TOTAL DEP. | | ← | ← | ← | |
| TOTAL CLAIMS | | 25 | 26 | | | | | TOTAL CLAIMS | | | | | |